

## CITY OF LOUISVILLE- BUILDING SAFETY DIVISION RESIDENTIAL PERMIT APPLICATION

ADDRESS OF JOB	:			PERM	IIT NUMBE	CR:
LEGAL DESCRITION	LOT:	BLOCK:	SUBDIVISION	ī:		
CLASS OF WORK: NI	EW()	ADDITION: ( )	ALTERATION: ( )	REPAIR: ( )	MOVE: ( )	DEMOLITION: ( )
BUILDING				PHONE	Ξ:	
OWNER:		ADDRES	SS:	CITY:	ZIP:	
CONTRACTOR		LOUISVILLE LIC	CENSE#	CITY:	PHO	NE:
NAME:		ADDRESS:			ZIP:	
JOB SUPERVISOR:		MOBILE/PAGER	#	JOBSITE PHON	ΙΕ #:	
ARCHITECT/ENGINEE	R OF REC	ORD:	COLO. LICENSE #	PHONE	E:	
NAME:		ADDRESS:		CITY:	ZIP:	
DESCRIPTION OF V	NORK: F	ILL IN ALL APF	LICABLE BOXES		PLEASE IN	CLUDE SQ. FOOTAGE
1 <sup>st</sup> FLOOR AREA:		2 <sup>nd</sup> FLOOR AREA	Λ:	GARAGE AREA	<b>A</b> :	OTHER:
BASEMENT AREA:						
TO BE FINISHED:		UNFINISHED:		SPRINKLED AI	REA:	A/C AREA:
TOTAL LOT AREA	(SQ.FT):		ROOF COVERING:	EXTE	RIOR WALL	COVERING:
CONSTRUCTION TYPE:	(,-	OCCUPANCY:		OF FOUNDATIONS		AL UNITS:
ELECTRICAL PERMIT INF	ORMATION	: PERMIT TO INCLU	DE ELECTRICAL WORK	( ) NOT AP	PLICABLE ( )	
	ICE ENTRAN		ELECTRICAL AP	PLIANCE	FIRE DETECTIO	N SYSTEM
METER SIZE: SIZE: PLUMBING PERMIT INFO	RMATION.	TYPE:	TYPE:	) NOT AP	TYPE: PLICABLE ( )	
BACKFLOW DEVICE	WATER		FIRE SPRINKLER SYSTEM	WATER	( )	SEWER REPAIR
MAKE/MODEL:	BTU INP		AREA:			
MECHANICAL PERMIT IN FURNACE TYPE		<b>N: PERMIT TO INCL</b> GAS APPLIANCES		. <b>K ( ) NOT AP</b> PE SCHEMATIC ATTA	PLICABLE ( )	
BTU INPUT:	TYPE:	JAG AIT EIMIVEES	SIZE:	LENGTH		
VALUATION \$		TOTAL PERMIT FEE \$				
INCLUDE LABOR & MATERIALS			(BUILD	ING DEPARTMENT V	VILL CALCULATI	Ε)
APPROVALS SIGN	IATURES	DATE	COM	MENTS		
BUILDING	THURLD	DITTE	COIVII	VILITIO		
PLAN CHECK						
ELECTRICAL						
PLAN CHECK ZONING						
PLAN CHECK						
FIRE DEPT.						
PLAN CHECK						
ELEVATOR						
AND ORDINANCES GOVERNING THIS TYPE O	F WORK WILL BE CO ANCE OF CONSTRUC	MPLIED WITH WHETHER SPECIFIE TION. PERMIT AND TAP FEES ARE	D HEREIN OR NOT. THE GRANTING OF A PI SUBJECT TO CHANGE AT THE BEGINNING (	ERMIT DOES NOT PRESUME TO GIV OF EACH CALEND AR YEAR. NOTE	VE AUTHORITY TO VIOLATE : A SEPARATE PERMIT IS RE	THE SAME TO BE TRUE AND CORRECT. ALL PROVISIO: OR CANCEL THE PROVISIONS OF ANY STATE OR LOC EQUIRED FOR SIGNS, FENCES, IRRIGATION SYSTEMS &
SIGNATURE OF APPLIC	ANT/OWNEI	R REPRESENTATIVE	: <b>X</b>	DATE:	PHON	VE:
PRINTED NAME:			APPLICANT'S ADDRESS:			
NOTE: FOR A MULTIPL ISSUANCE OF THE PER		CRMIT THE SUB-CON	TRACTOR SIGNATURE I	FORM WITH ORIGIN	IAL SIGNATURE	S IS REQUIRED PRIOR TO